2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# 744935

Entity Name: BREHON INSTITUTE FOR FAMILY SERVICES, INC.

Current Principal Place of Business:

2222 OLD SAINT AUGUSTINE ROAD
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 7643
TALLAHASSEE, FL 323147643 US

New Mailing Address:

FEI Number: 59-1865406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALONE, JACKIE
2222 OLD ST. AUGUSTINE ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

MALONE, JACKIE
2222 OLD ST. AUGUSTINE ROAD
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 01/04/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: BRYANT, MARY
Address: 1310 CROSS CREEK, STE A
City-St-Zip: TALLAHASSEE, FL 32301

Title: CEO ( ) Delete
Name: MALONE, JACKIE
Address: 2222 OLD ST AUGUSTINE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: ST ( ) Delete
Name: WINN, JUDY
Address: 1424 OXBOTTOM ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: DP ( ) Delete
Name: SCHILLING, MAX
Address: 6513 OMAHA TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: BRYANT, MARY
Address: 600 S CALHOUN ST, SUITE 260
City-St-Zip: TALLAHASSEE, FL 323990240 US

Title: CEO (X) Change ( ) Addition
Name: MALONE, JACKIE
Address: 2222 OLD ST AUGUSTINE ROAD
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: S (X) Change ( ) Addition
Name: WINN, JUDY
Address: 1424 OXBOTTOM ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: DP (X) Change ( ) Addition
Name: SCHILLING, MAX
Address: 6513 OMAHA TRAIL
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: T ( ) Change (X) Addition
Name: GAMMON, GARRY
Address: P0 BOX 3989
City-St-Zip: TALLAHASSEE, FL 32315 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKIE MALONE CEO 01/04/2005
Electronic Signature of Signing Officer or Director — Date